THE

# Hindu Message

A Weekly Review of Indian and World-Problems
from the Hindu Standpoint

# Medical Supplement

‘ चिकित्सितात्पुण्यतमं न किञ्चिदपि शुश्रुमः’। ‘बिभेत्यल्पश्रुताद्वेदो मामयं प्रहरिष्यति ’

VOL. I. No. 30.]
Registered No. M. 1304.

THURSDAY, JULY 27, 1922

[ PRICE: 1 ANNA
Annual Subscription Rs. 3.

## NOTES AND COMMENTS.

The death is announced of Sir Patric Manson late physician and medical adviser to the Colonial Office and distinguished parasitologist. Sir Patrick Manson, G. C. M. G, was the first to enunciate the hypothesis (since proved by Sir Ronald Ross) that the mosquito was the host of the malarial parasite at one stage of its existence and thus an active agent in diffusing the disease. It was largely due to his efforts while he was in Hongkong that the Colony undertook an elaborate system of drainage which greatly reduced the mortality from malaria. Sir Patrick Manson was 78 years old and before his retirement was Physician and Medical Adviser to the Colonial Office. His loss is deeply regretted.

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A permanent cure for leprosy is anticipated from the results of the latest London trials with chemical injections, says the London *Daily News*.

Several cases under treatment are showing marked improvement, a chemical research expert said on Saturday, and the leprosy have entirely disappeared from certain skin areas in which they were previously very numerous.

It was explained that the basic agent used is Chaulmoogra oil, obtained from a tree which grows in Assam, Burma, and Siam. At first the oil was taken inwardly in a crude state, but it has been found that better results can be obtained from the injection of the derivatives.

"It is a triumph for British chemical research," added the expert, "and we are looking forward to the perfection of a permanent cure for leprosy with the greatest degree of confidence."

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Lord Ronaldshay, when opening the School of Tropical Medicine and Hygiene, Calcutta, on 4th February 1922 paid a fine tribute to the paramount part played by Sir Leonard Rogers in the inception and subsequent carrying through of this great enterprise. The Carmichael Hospital for Tropical diseases attached to this school has accommodation for about 100 patients, European and Indian and the school has chairs of pathology and bacteriology proto-zoology, and pharmaceutics including indigenous drugs, etc., public health, and chemistry, and six research appointments have been made. A striking feature was the opening of the classes for the diploma of tropical medicine.

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John Hudson Storer, M. D. of the Community Hospital New York City, in an article on Diabetic Ulceration, which condition he characterizes as one of the most difficult the doctor has to deal with said, "Ulcers occurring in the later stages of Diabetes Mellitus, are impossible of cure, but the patient should have relief from the intense agony, and naturally calls upon the doctor to do that which he himself knows to be next to impossible.

These Ulcerations usually occur on the lower extremities, more often on the feet as a result of the breaking down of the gangrenous tissue; and even though this condition occurs late in the disease, every effort should be made to relieve the suffering caused thereby, delaying for a time at least the administering of the inevitable narcotic first by mouth, then as the disease progresses the dreaded hypodermic, ending finally in the first amputation.

In our limited armamentarium we have little to make this picture any the less harrowing.

Not going into the internal treatment of this disease, I will confine my remarks to the eternal or palliative aspect of the condition.

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We hear from reliable authority that the premier Ayurvedic dispensary of the late Calavala Cunnan Chettiar will be colsed from the 1st August. We do not know how far this is true. We believe that the trustees of the late Chettiar charities will do no such thing especially in regard to this indispensable and noble dharma which goes to alleviate the ailments of the helpless beings. Financial considerations, we trust, will not be brought into play by the trustees as other means may be tried to keep the institution in tact.

## Fight against Malaria.

By Sir Ronald Ross.

The ancients knew the different kinds of malaria, that they are connected with stagnant water, and even that they might be associated with insects in marshes. But they knew nothing further. Early in the seventeenth century the cinchona bark, from which quinine is made was brought to Europe from South America, and has been known as the specific for malaria, when properly used, since then. In 1880 the great discovery of the cause of malaria was made by Dr. Alphonso Laveran, now of the Institut Paster. He found that it was due to millions of minute animal parasites—not bacteria—living each within one of the red blood corpuscles like a maggot in a nut. Subsequently Golgi, in Italy, showed that there are three species of the parasites, causing respectively the quartan, the tertian, and the malignant forms of malaria. Quinine acts by killing these organisms, but must be continued for months if the enormous hordes of them are to be exterminated in the body.

### Research In India.

Of course, everybody who remembered the connection between malaria and marshes now thought that these parasites must breed in marshes, but all efforts to prove it experimentally were failures. Meanwhile, a number of *savants*, including Laveran himself, resuscitated the ancient idea that malaria might be connected with mosquitoes, and in 1894 Sir Patrick Manson, by means of a great induction, gave a new and powerful reason for this hypothesis. But none of these thinkers experimented on the subjeet. Manson communicated his induction to me—I had been working for years on malaria—and I determined to work out the thing in India.

I was then a Surgeon-major in the Indian Medical Service, and attacked the investigation on returning to my regiment at Secunderabad. Some people—I include myself among them nowadays thought this was a very foolish undertaking; there are some 500 species of mosquitoes; we had not the smallest idea which species was able to carry the disease and we did not know either the form or position of the malaria parasite in the mosquito. In fact, all was absolute darkness. I had to grope about as best as I could merely on the chance of coming up against something solid. Still, encouraging facts in support of Manson's induction were ascertained by me at once in 1895, and I was getting on well when the Indian authorities interrupted my work for the first time. I continued as well as possible, though with wrong kinds of mosquito. At last, after two-and-a-half years' toil, I tried two new kinds of mosquito in Secunderabad: that is, I fed these mosquitoes on patients whose blood contained the parasites. Suddenly, on August 20, 1897, I found the malaria parasites growing in one of the new kinds of mosquitoes, and knew that the key had been obtained.

This supremely lucky observation disclosed the two unknown quantities: the kind of mosquito concerned, and the form and position of the parasite within it. My discovery, as many people know, was commemorated in the concluding stanzas of my poem, 'In Exile,' published by Mr. Murray in my book of verse called 'Philosophies.

I now expected to solve the whole problem in a few weeks when, with their usual zeal for science, the authorities interrupted me for the second time by posting me off at a moment's notice to a place more than 1,000 miles distant, where there was no malaria. And I had just reported my success officially to them! What this means will be understood when it is remembered that malaria has been officially estimated to kill 1,300,000 persons every year in India alone. To make some amends, however, next year, chiefly at Manson's solicitation, they put me on special duty for no less than six months, during which they told me to investigate not only the malaria problem, but also the equally difficult problem of kala-azar. The first had baffled humanity for 2000 years; the second continues to baffle us to-day.

But I was fortunate. By studying the malaria parasites of birds I was able to solve the general proposition as regards malaria during that six months. In July and August I found the remarkable, and, indeed, wonderful fact that the spores of the malaria parasites in mosquitoes enter the salivary glands of the insects. These glands secrete the poison which causes the irritation of the mosquito's bite, and the malaria parasites, therefore enter our blood when the insect performs its little surgical operation upon us. I infected a number of healthy birds in this way. This revealed how malaria is carried; it is merely passed from man to man by the agency of the proper kind of mosquitoes. Not the parasite, but the carrier-parasite, lives in the marsh.

Every effort should now have been made by me to demonstrate the same law regarding human malaria (though this was already a foregone conclusion); but the Indian authorities interrupted me for the third time by forcing me to investigate kala-azar. It is true they gave me another six months to do it in. Already wearied out, I failed in the second task; and as they would not tassure my continuance in this kind of work I resigned the Service early in 1899.

At that time Manson's scheme for the formation of schools of tropical medicine was maturing under the ægis of Joseph Chamberalain. I joined the proposed school at Liverpool, but, not being disposed merely to teach students, started in August for Sierra Leone with Drs. Annett and Fielding Ould, and Mr. Austen, entomologist of the British museum. There, in a few days, we showed that all three species of the human parasites of malaria are carried by two kinds of mosquitoes belonging to the same group as those in which I had found the parasites at Secunderabad—namely, the spotted winged mosquitoes called anopheles.

In the meantime certain Italian workers had done the same thing with regard to the Italian anopheles. These gentlemen, by misrepresenting or omitting to mention my work, pretended that their investigations were original, though it is an easily proved fact that they were thoroughly conversant with everything I had done. They succeeded, nevertheless, in getting most of the credit for years amongst those who had not followed the literature.

My work was done, not for the sake of abstract science, but for the cause of practical sanitation in the tropics—for saving human life on the large scale. It followed from researches that, in order to reduce malaria in most cities and towns of the tropics, we had only to reduce the carrying mosquitoes. This could be done by preventing their breeding in puddles, pools, marshes, or every collection of water in which their larvæ lived. I did not propose to destroy every mosquito in the world, but simply to reduce their numbers in the centres of civilisation, which could be effected at comparatively small cost. We proposed this measure at once for Freetown, Sierra Leone, and I went there twice again in order to teach my lesson thoroughly. In 1902 the Suez Canal Company completely cleared Ismailia of malaria on my advice.

### Fighting Yellow Fever.

The Americans had discovered that yellow fever also is carried by another group of mosquitoes, and

Colonel Gorgas had successfully reduced these insects and both diseases, in Havana, Cuba. In 1904 the Americans asked me to go to Panama, where they were just going to start making the Canal. Gorgas was in charge, and already knew what to do. How magnificently he did it everybody knows. He was given the K. C. M. G just before his death in London in 1920 by our wise King. In 1907 and 1913 similar work was begun in Mauritius and Cyprus with good results; but perhaps the best work done in this practical line has been achieved by Dr. Malcolm Waston in the Federated Malay States, by Dr. Balfour at Khartoum, and by Dr. Clarke at Hong Kong.

On the whole, however, I have been much disappointed that the British Empire his not seen its full responsibility in this matter, and has not adopted large concerted measures on the lines we scientific workers have indicated. There should be constituted in London a malaria bureau for the whole Empire, directed by the best expert available. where information on the subject should be kept, and should be at the disposal of every Government Department, of every company and private person. Money has been promised me for this, but the promises have not been fulfilled and I cannot get the thing done. Here is an opportunity for a rich man to perform a really great service for the Empire.

—*The Times*

## Doctors and Near-Doctors.

The public is ever impatient of the physician's doubtful diagnosis, of his inability to explain disease in a word and cure it with a word. It is ever eager to welcome a simple statement of why we get sick and how we may get well again. If this statement has any degree of inherent plausibility, it will impose upon large numbers of intelligent people.

A case in point is the newest school of healing, "chiropractic." Every physical process is of course directed through the nerves. These lie in part in the spine, branching off to their destinations. Spinal dislocations lead to pressure of bone on nerve inducing paralysis and other disorders. Aside from the specific cure which resetting will effect, it is clear enough that spinal massage will be of much general value.

So far, so good. But the chiropractor makes the generalization that all disease, of whatever character, is due, to spinal displacement of a mild sort for which he had invented the name "subluxations." He proposes to cure and to prevent all illness by fingering the spine and setting right its subluxations. He treats blindness and deafness in this way, though the nerves to eye and ear never leave the skull. Germ diseases that are too well established to be attacked as such he meets with the explanation that infection proceeds *only in the presence of subluxations*—if we but have perfect spines we may with complete immunity carry capacity cargoes of the deadliest bacteria. The chiropractic novice locates with a touch of the finger "subluxations" of which trained anatomists are able to find no slightest trace. The spines of investigators have been X-rayed before and after chiropractic treatment, with no visible change. As more than an adjunct to orthodox medical practice the thing is absurd.

Now the M. D. is compelled by law to be of good character; to have a common education admitting him to a university of standing; to study medicine for four years or more; to pass a stiff examination in his entire field. Then and only then is he free to "diagnose, treat, and claim to cure" under state license.

Any one lacking the full equivalent of these medical requirements should be excluded from diagnosis, treatment and claim to cure, in no matter what guise; one who without this training practices in any way on the human mechanism is a menace. We cite a typical case, where a thoroughly honorable practitioner of one of these newer schools was treating a troublesome knee. The case was diagnosed as calling for ordinary manual treatment—massage, to call a spade a spade. For six months it got this: and the bone tuberculosis which was at the root of the matter has been diffused throughout the patient's body so that she is now dying of pulmonary tuberculosis. Treatment without competent diagnosis of the most innocent-appearing malady necessarily involves risk or error as serious as this.

Another aspect is even more vicious. Frankly the chiropractic schools hold out the lure "no preparation needed beyond the ability to read and write." They urge the student to register now, before the state steps in and stiffens the requirements; they guarantee that if he does they will certify him as having met any new requirements which may be enacted before he graduates. An investigator, taking course at one of these schools, was careful in his final examination in chemistry to answer every question incorrectly—and still he "passed." Half and quarter hours are substituted for full hours of study to conceal the extent to which an adequate course is not given. Graduates of correspondence schools are certified to practice, though they have never seen the inside of a classroom or clinic. The testimonial factory at Davenport, Iowa, circulated 1,00,000 copies of a document attesting to a miraculous cure in a case where investigation showed that recovery was had only after the chiropractor had failed to give relief and had been discharged. The recorded cures in any event follow the chiropractor's own diagnosis—which at best is incompetent and at worst is a deliberate exaggeration. The gentle art of "selling" his wares to the prospective patient is a large part of the course offered the chiropractic student, who in one case is recruited by means of street-corner soap-box orators. A member of the New York Country Medical Society found a chiropractor who had been highly recommended to be a man whom he had known six months before as a chauffeur.

These are but the high spots. The reason why chiropractic has attracted persons of such calibre is because it affords a quick and easy way to set up a pseudo-medical practice that will earn specialist's fees, without meeting the requirements of honest medicine. As long as such an opening is available it will be used. To prevent this sort of "professional service" from gaining an established footing as well as to protect the individual patient, it ought to be a definitely established principle that no substitute for a doctor may advice or treat without a doctor's consent, unless he has learned as much as a doctor must learn and has learned it as thoroughly as a doctor must. The proposal now made in New York to license chiropractors or exponents of other cults after a rump preparation of a year or two is in every way bad.—*Scientific American, May 1922.*

## Gastric Juice and the Tubercle Bacillus.

The reputed antiseptic action of the gastric juice has long furnished the basis for the sense of security which we feel against invasion by living organisms that may find their way into the alimentary canal. Hydrochloric acid is germicidal when it is present in sufficient concentration. With a normal content of this secretory component of the stomach contents, more than traces of so-called fermentation products are rarely found; whereas any reduction of the acidity is

likely to be followed by bacterial and other microbiotic activities which may produce organic acids and gas. The current belief is summarized by the statement of a recent writer that animals are constantly eating with their food bacteria, molds, protozoa or other parasites which are killed by the gastric juice. Of the vast number of bacteria that we swallow, the great majority are killed in the stomach; and persons having a copious and active gastric juice are less liable to infection by typhoid and cholera than those with less acid juice. The digested strongly acid material called chyme is almost sterile as it escapes from the stomach, and contains few living bacteria.

It is always unwise, however, to generalise too broadly about the protective devices of the human organism. There is no universally potent immunity against harm; and even the most approved factors for resistance to harm break down at times. Bacterial spores, for example are singularly resistant to the common antiseptic procedures. Some varieties of micro-organisms are less easily destroyed than others, because of the relative impermeability of their bodies to bactericidal reagents. The facts here at issue have an interesting and important bearing upon the problem of infection with tuberculosis. If it is true that probably about 95 per cent, of all persons living in civilized communities are infected with *Bacillus tuberculosis* at some time during their lives, and if an important portal of entry is the alimentary canal, a knowledge of the possible protective devices of the body in relation to this micro-organism is imperatively needed.

It has repeatedly been demonstrated that *Bacillus tuberculosis* can pass through the wall of the intestine when the latter is in tact. How the infective agent can escape destruction so frequently before it reaches this place of entrance into the body is made clearer by recent investigations at the City of London Hospital for Diseases of the Chest. There, Inkster and Gloyne have observed that gastric juice removed from the stomach of persons free from gastro-intestinal disease, at various periods after suitable test meals, showed very little power of destroying tubercle bacilli in sputum or mouth rinsings which had been exposed to it for relatively long periods. It is evident, therefore that the protection against the tubercle bacillus afforded by the gastric secretion in man is apparently by no means perfect to say the least. Vigorous efforts should always be directed against the entry of this baneful microbe, particularly in view of the foregoing evidence. If it is rightly conceded that tubercle bacilli do not readily multiply in nature outside the animal body, and that therefore dissemination must depend essentially on infected persons or animals and the materials infected by them the hygienist is further confirmed in the current plans for preventing the dissemination and transmission of tuberculosis.—*The Journal of the American Medical Association.*

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We are glad to note that the Salem Municipality have opened an Ayurvedic dispensary which is an excellent augury of the advancement of Ayurveda which is in store for us. Dr. Lakshmipathi B. A. M. B. C. M., who opend the dispensary, said that the cause of Ayurveda could be furthered by the establishment of innumerable pharmacies on a huge scale. This is an introduction from the West and whatever its advantages may be, the peculiar method of Ayurveda does not countenance such an institution. What is wanted is big raw drug firms of reliable antecedents.

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Printed and Published by T. K. Balasubrahmanya Aiyar B. A. at the Sri Vani Vilas Press, Srirangam